



## Greensboro Parks and Recreation Summer Camp Registration Form

### PARTICIPANT INFORMATION (One form per participant – Copy as needed)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

☐ City of GSO Resident ☐ Guilford County Resident ☐ Non Guilford County Resident

Age (As of June 15, 2015 this age must match the requirements in the camp description) \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Participant T-Shirt Size (Circle Size) YS YM YL YXL AS AM AL AXL (for applicable camps only)

Program Registering for: Cultural Arts \_\_\_\_\_ Recreation Center \_\_\_\_\_ Sportsplex \_\_\_\_\_ Camp Joy \_\_\_\_\_

How did you hear about our program? ☐ Website ☐ Postcard ☐ Word of Mouth ☐ P & R Staff ☐ Other: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

### PICK UP AND EMERGENCY CONTACT AND AUTHORIZED RELEASE AUTHORIZATION

Please list, in order, the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

4) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

**Facility Manager will be disclosing pertinent information to administrative staff to ensure everyone's safety.**

By signing below, I acknowledge that:

- The City of Greensboro provides no insurance coverage for participants
- I agree to read the parent/guardian camp manual upon receipt.
- I have selected an appropriate program for the interests and abilities of the participant and the information I have provided on the Participant Information Form is current and accurate.
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Greensboro staff to seek appropriate medical care if a parent/guardian cannot be reached.

Signature is required to complete the registration process. Note: Greensboro Parks & Recreation Department staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form and staff will only release information about the participant to those person(s) listed. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Information (One form per camper – Copy as needed) Participant's Name: \_\_\_\_\_

INCLUSION POLICY

The City of Greensboro Parks & Recreation Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.** For more information please contact Inclusion Services at 336-373-2954

The City of Greensboro recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

Would you like to be considered for reasonable accommodations for your child? ☐Yes ☐No

HEALTH INFORMATION

The City of Greensboro recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

\_\_\_\_\_

If participant has any allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your participant with an Epi-Pen to keep at the program site.

☐Please check here to verify that you will not be providing your participant with an Epi-Pen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Greensboro from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911 then attempt to contact the parent/guardian.

MEDICATION AND GENERAL LIABILITY WAIVER

I understand that in consenting to allow City staff, volunteer, or agents to administer medication to my child that the medication will not be administered by a medical professional. I agree for myself and for my heirs, assigns, executors and administrators to release, acquit, waive and forever discharge any legal rights I may have to seek payment or relief of any kind from the City of Greensboro, its officers, employees, volunteers, or its agents for injury, illness, death or property loss resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participant in the program. I also agree not to sue the City, its officers, employees or agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program. Permission is given for any emergency medical treatment which might become necessary and I agree to be responsible for the expense of medical treatment or service.

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SOCIAL MEDIA AND PHOTOGRAPHY WAIVER

By signing below, I also hereby expressly grant to the City of Greensboro and assign the right to photograph/video my child/ward, and to use his/her picture, image, silhouette and other reproductions of his/her physical likeness, for the exclusive use by the City on the official City of Greensboro's web site, social media or in any publications. I acknowledge that neither I nor the minor child I am registering will receive compensation for such use by the City. I understand that this Release shall not expire. I represent that I am the parent/guardian of the child named below and I possess full contractual rights to enter into this Release. I hereby certify that I am over the age of eighteen (18) and represent that I have read the foregoing and fully understand the meaning and effect thereof and intending to be legally bound here set in my hand on the date listed below.

☐ By checking this box, I do not give permission for my child/ward to be photographed or captured in video.

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FIELD TRIP / TRANSPORTATION WAIVER

I, the undersigned parent or legal guardian, do hereby release, indemnify and hold harmless the City of Greensboro, the Parks and Recreation Department, its staff, volunteer organizers and sponsors, any and all of them, from any liability which may result from my child taking field trip(s) with the program. All field trips will be posted in advance.

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_